



# ORIENTEERING ASSOCIATION OF NOVA SCOTIA



5516 Spring Garden Road, 4th Floor  
Halifax, NS, B3J 1G6

info@orienteeringns.ca (Email)  
http://orienteeringns.ca (Website)

Last Amended: 11 September 2007

## MEMBERSHIP APPLICATION FORM

\_\_\_\_\_ YEAR

**NAME:** \_\_\_\_\_  
*Attach a separate Form for each family member*

**ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **YEAR OF BIRTH:** \_\_\_\_\_

**PHONE:** (902) \_\_\_\_\_ **GENDER:** M[ ] F[ ]

**EMAIL:** \_\_\_\_\_

**OANS CLUB:** \_\_\_\_\_ **FEE ENCLOSED:** \_\_\_\_\_

**SENIOR:** [ ] **JUNIOR:** [ ] **FAMILY:** [ ] *(Indicate Junior or Senior Family Member)*

Fee Schedule: Senior (21 and over): \$25, Junior (20 and under): \$15, Family Fee: \$55

Memberships: Valid to December 31<sup>st</sup> of current year.

### General Waiver and Acknowledgment of Risk

I understand that during my participation in any Orienteering Association of Nova Scotia (OANS) or Member Club's activity for which I have registered, I may be exposed to situations and environmental conditions where the stresses and hazards may be greater than or different from those I normally encounter. I understand that although OANS has taken precautions to provide proper organization and instruction for each activity, based upon nationally accepted guidelines, circumstances may arise which are not foreseeable or which are beyond the control of OANS.

I acknowledge that OANS cannot guarantee absolute safety. I understand that I am in part responsible for my own safety and I agree to comply with the instructions and directions given by those authorized to lead OANS supervised activities.

I accept responsibility to verify that I do not have any physical or psychological problems that would create undue risk to myself or others who may depend on me during this activity. I have read and understood this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Signature of Parent/Guardian if under 18)*

OFFICE USE: Fee Rec'd: \_\_\_\_\_ Membership Number: \_\_\_\_\_